Image# 28991213418 067031720018 10:09

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	1
HUMANE SOCIETY LEGISLATIVE FUND	
(b) Address (number and street)	
(c) City, State and ZIP Code	
WASHINGTON DC 20002	3. FEC Identification Number C C90009358
2. Corporate filers only Is the filer a qualified nonprofit corporation? X Yes No	C C90009358
Individual filers only Name of Employer	Occupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report 🛛 24-Hour Notice 🔲 48-Hour	Notice
☐ July 15 Quarterly Report	
October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes \(\square\) No \(\textbf{X} \)	
5. COVERING PERIOD: FROM M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & 2 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}^{Y}$	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EXPENDITURES	5117.82
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, it reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	f the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Sara Amundson	06/01/2008
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	to the penalties of 2 U.S.C 437g.

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND	Нι	JMANE	SOCIFTY	I FGISI	ATIVE	FUND
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Full Name (Last, First, Middle Initial) of Payee		Date
Sara Amundson		M M / D D / Y Y Y
Mailing Address		0.5 3.1 2008
1627 A St., NE		Amount
City State	Zip Code	1433.93
Washington DC	20002	
Purpose of Expenditure	Category/	Office Sought: X House State: CA
Staff time	Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure:		President District: 04
Tom McClintock		Check One: Support X Oppose
		Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought	5117.82	2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Richard Patch		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		
5500 Sherrier Place, NE		Amount
City State	Zip Code	1081.06
Washington DC	20016	
Purpose of Expenditure	Category/	Office Sought: X House State: CA
Staff time	Type	House Senate District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Tom McClintock		President
TOTH MCCIIIILOCK		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: X Primary General
for Office Sought	5117.82	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	I	Date
Mike Markarian		
Mailing Address		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
1206 Maryland Ave., NE		Amount
City State	Zip Code	10.97
Washington DC	20002	
	Category/	Office Sought: X House State: CA
Staff Time	Type	House Senate District: 04
Name of Federal Candidate Supported or Opposed by Expenditure:		President District. 04
Tom McClintock		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: X Primary General
for Office Sought	5117.82	Other (specify)
<u> </u>		
(a) SUBTOTAL of Itemized Independent Expenditures		2525.96
(b) SUBTOTALof Unitemized Independent Expenditures		
(a) CODI OTALO STREAMED INCOPORTION Experioration		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 1)		

NAME OF FILER (In Full)

Image# 28991213420

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ITEMIZED	INDEPENDEN	NT EXPEND	THRES

FOR LINE 7 FOR FORM 5

HUMANE SOCIETY LEGISLATIVE FUND		
Full Name (Last, First, Middle Initial) of Payee Colleen Crinion		Date
Mailing Address 1513 Mass Ave., SE		M M / D D / Y Y Y Y Y Y Y Amount
City State Washington DC	Zip Code 20003	2.11
Purpose of Expenditure Staff time	Category/ Type	Office Sought: X House State: CA House Senate District: 04
Name of Federal Candidate Supported or Opposed by Expenditur Tom McClintock	e:	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	5117.82	Disbursement For: X Primary General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Kristian Connolly		Date
Mailing Address 1712 Corcoran St., NW		Amount
City State Washington DC	Zip Code 20009	31.86
Purpose of Expenditure Staff Time	Category/ Type	Office Sought: X House State: CA House Senate District: 04
Name of Federal Candidate Supported or Opposed by Expenditur Tom McClintock	e:	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	5117.82	Disbursement For: X Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Lagana Printing		Date
Mailing Address 513 C St., NE		Amount
City State Washington DC	Zip Code 20002	367.50
Purpose of Expenditure Door hangers printed	Category/ Type	Office Sought: X House State: CA House Senate District: 04
Name of Federal Candidate Supported or Opposed by Expenditur Tom McClintock	e:	President District: 04 Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	5117.82	Disbursement For: X Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		401.47
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)
HUMANE SOCIETY LEGISLATIVE FUND

HOWANE SOCIETY ELECISEATIVE FOND						
Full Name (Last, First, Middle Initial) of Payee Diners Club International				Date м м	/ D D ,	YYYY
Mailing Address PO Box 5064				M M M M M M M M M M M M M M M M M M M	/ B B B	2008
City Washington	State DC	Zip Code 20002				2190.39
Purpose of Expenditure Airfare, hotel, car rental		Category/ Type		ce Sought: ouse	X House Senate	State: CA
Name of Federal Candidate Supported or Opposed by Tom McClintock	/ Expenditure:		Che	ck One:	President Support	District: 04 X Oppose
Calendar Year-To-Date Per Election for Office Sought	• • •	5117.82		ursement Fo 2008 ther (specify)	,	General
(a) SUBTOTAL of Itemized Independent Expenditures				L		2190.39
(b) SUBTOTAL Independent Expenditures				L		5117.82
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7				-		